

2007 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90433 039 ***150.00

DOCUMENT # P06000022542



1. Entity Name
HJ3, INC.

Principal Place of Business
9048 SW 152 STREET
PALMETTO BAY, FL 33157

Mailing Address
9048 SW 152 STREET
PALMETTO BAY, FL 33157



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

Applied For

Zip

Country

Zip

Country

20-4493777

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEITNER, HOWARD
9048 SW 152 STREET
PALMETTO BAY, FL 33158

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, word or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

Howard Leitner

4/25/2007

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME HOWARD LEITNER, INC.
STREET ADDRESS 9048 SW 152 ST
CITY- ST- ZIP PALMETTO BAY, FL 33157

☐ Delete

TITLE S
NAME LEITNER, HOWARD
STREET ADDRESS 9048 SW 152 STREET
CITY- ST- ZIP PALMETTO BAY, FL 33157

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change

☐ Addition

2. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Howard Leitner

Date

Daytime Phone #

4/25/2007 305 385 2274